



**Ministry of Health
Government of Southern Sudan**

**HEALTH POLICY FOR THE
GOVERNMENT OF SOUTHERN
SUDAN, 2006 - 2011**

Reviewed version-2007

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In conclusion, I would like to take this opportunity to request all health agencies, partners, government institutions, community and faith based organizations, and the private sectors implementing health programs in Southern Sudan to use this policy document to guide the implementation of health service delivery in Southern Sudan.

Dr. Majok Yak Majok
The Under Secretary,
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FOREWORD

The Health Policy of the Government of Southern Sudan clearly defines the vision and guiding principles of the Health Sector in Southern Sudan to the overall context within which all health and health related work should be developed, implemented and outcomes achieved within the set time frame.

The guiding principles of the Health Policy emphasise on the need for effective approach and strategy to address several health problems in Southern Sudan, especially health issues leading to high morbidity and mortality. An example is the development of the basic package of health care that is aimed to be implemented both in the public sector and in contracted out services at State and County level throughout Southern Sudan. The policy also focuses on ensuring the effective implementation of evidence based public health interventions, as well as disease prevention and health promotion.

The importance of the role of communities and households as an important channel for interventions is mentioned. The need to strengthen the health system with the aim of enhancing health service delivery to the people of Southern Sudan is further emphasised.

While the major focus of attention in constructing and rebuilding the health system in Southern Sudan would relate to establishing a comprehensive primary health care and public health services, emphasis is also required to establish a referral facility equipped to provide speciality services, to ensure that the present and future requirements of specialist treatment are adequately available within Southern Sudan.

It is, therefore, of crucial importance that the entire basis and developmental approach towards establishing and strengthening the health system in Southern Sudan be reviewed in terms of national needs and priorities, taking into consideration the guidelines, vision, values and principles stipulated in this policy document.

ACRONYMS

AFP	Acute Flaccid Paralysis
AIDS	Acquired Immune Deficiency Syndrome
CDC	Centers for Disease Control and Prevention
CHW	Community Health Worker
CPA	Comprehensive Peace Agreement
DFID	Department for International Development
EMRO	Eastern Mediterranean Regional Office
GOS	Government of Sudan
GOSS	Government of South Sudan
HIV	Human Immunodeficiency Virus
IDSR	Integrated Disease Surveillance & Response
JAM	Joint Assessment Mission
MDTF	Multi Donor Trust Fund
MoH	Ministry of Health
NGO	Non-Governmental Organization
NNT	Neonatal tetanus
SOH	Secretariat of Health
SPLA	Sudan People Liberation Army
SPLM	Sudanese People's Liberation Movement
STIs	Sexually Transmitted Infections
SWOT	Strength, Weakness, Observation, Threat
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WHO/AFRO	World Health Organization Regional Office for Africa

Mission, Values and Working Principles of the Ministry of Health, Government of Southern Sudan

Mission

The Mission of the Ministry of Health, Government of Southern Sudan is commitment to ensure equitable, sector wide, accelerated and expanded quality health care for all people in Southern Sudan, especially women and children.

Values

Right to health
Equity
Pro-poor
Community ownership
Good governance

Working Principles

Human dignity
Compassion
Professional ethics
Transparency
Evidence based
Affordability
Sustainability
Effectiveness and efficiency

CHAPTER 1.

BACKGROUND AND THE POLICY PROCESS

1.1 Introduction

Following the comprehensive peace agreement and the subsequent ending of the war in Southern Sudan, the need for a comprehensive policy document to guide the implementation of health care services in Southern Sudan is evident.

This is the first policy document developed by the Ministry of Health, Government of Southern Sudan. However, in principle, it can be considered the third policy document. Two initial policies were developed by the SPLM Secretariat of Health by then, and this was in 1994 and 1998 respectively.

The policy analysis process had three important components: context, stakeholders and content. Particular emphasis was placed on wide consultation with health institutions and agencies in Southern Sudan. This included the Government Health Institutions, UN agencies, International and National Health Agencies, Faith based Organizations, as well as professional health associations in the Diaspora. This was viewed important to ensure the use and ownership of the policy document. Draft key elements of the content of the policy such as the mission statement and the priorities were shared and discussed with senior staff at the MOH-GOSS. The same key elements were discussed at a Health and Nutrition Consultative meeting held in Rumbek and Juba, and a health policy workshop held in Juba in January 2007 that brought in key senior staff from the 10 State Ministries of Health in Southern Sudan to review all the draft health policy documents developed. Constructive feedback and comments was received from the group and incorporated within the document. The final draft of the policy was then discussed at, and approved by, the Executive Board of the Ministry.

During the process of developing this policy, it was obvious that several actors and players in Southern Sudan were using some terms such as policy, strategy, plan, strategic plan, etc very interchangeably. Also terms such as capacity building, human resource development, goal and objective, concept paper and position paper seem to mean different things to different people. So, to help ensure that all health actors in Southern Sudan talk the same language and understand each other, the MOH-GOSS has defined some of the most commonly used terms that are presented in annex 5.

1.2 What is new or different in this policy?

The substantive issues in this policy, “Health Policy of the Government of Southern Sudan 2006-11” are largely the same as in previous policies, since there has been no major change in the functioning of the health system or the health status of the population. However, the process of developing this policy has been far more elaborate with a much wider range of consultations with all levels of stakeholders than in the past.

Basic/primary health care remains the cornerstone of the health system. The Government of Southern Sudan and MOH-GOSS have the political will and commitment to successfully implement and achieve this policy. However, pre-requisites to success are continuing peace, security, and adequate availability of resources.

Another difference about this policy document compared to the two previous health policies is that it has been formulated following the Comprehensive peace Agreement. The Ministries of Health (GOSS and State level) are now in the driving seat sector wide throughout Southern Sudan and intends to assert its leadership and governance roles.

Such a transition brings with it tremendous responsibilities. For this reason there is a greater emphasis on strengthening the MOH-GOSS and all the State Ministries of Health. Leadership, systems and capacity development are highlighted to ensure that the values of the Ministries of Health are upheld.

For the first time the values of the Ministries of Health in Southern Sudan (GoSS and State Levels) have been determined. They include equity, pro-poor and good governance. Also for the first time the policy has focussed on 18 priorities of which 10 are top priority for resource allocation. The MOH-GOSS request all donors and implementing partners to work within the framework of its values and priorities. There is also a new approach that gives policy statements on the 18 priorities and some other important issues.

A strategic and results orientated Ministries of Health are highlighted for the first time. Clear policy goal, objective and outcomes are given. To help achieve these, mention is also made of having a health strategy that is to be adapted at each level of the health system. The strategy will be an important tool to help close the gap between policy and implementation. It will also emphasise getting results by having planned outputs.

What is also new in this policy is a clear commitment by the Government of Southern Sudan and MOH-GOSS to ensure the equitable, accessible, efficient and standard provision of a full basic package of health care at all levels. Also for the first time a very explicit link and balance is made between priority health programs and well performing health systems. Furthermore, the policy places a greater emphasis on having effective partnerships with, and between, other stakeholders to ensure increased coverage of quality health services.

In summary, what can be termed as new in this policy are the values, priorities, policy statements, focus on achieving results by having outcomes and a health strategy with planned outputs, and a synergy between priority health programs with health systems development.

What is different, however, is the greater emphasis on institutional development and on having more effective partnerships and extensive involvement of all stakeholders in the policy formulation process.

1.3 Where are we now?

During the policy analysis process, a SWOT analysis exercise was under taken and involved the key staff of the MOH-GOSS. This helped answer the question where are we now? The Executive Board of the Ministry discussed what could be built upon to enhance leadership to ensure equitable, sector wide, accelerated and expanded quality health care for all people in Southern Sudan, especially women and children. It then looked at the obstacles or weaknesses and the external factors or opportunities that will determine the direction for institutional and health service development. And finally, the external threats that could adversely affect the future of the ministry were debated. The results of the exercise can be seen in Box 1.

Box 1. SWOT Analysis Exercise

Box 1. SWOT exercise	
<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> • Political will and commitment • 1998 health policy and early development of a new policy in 2005 • An institution with a wealth of experience • Wide range of partners • Community involvement and participation 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> • Dependency on external resources • Poor infrastructure • Few trained health personnel • No human resource policy • Lack of baseline data • Collapse of endemic disease control programmes • Poor quality health care
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • The Comprehensive Peace Agreement • The Interim National Constitution, the South Sudan Constitution, and the Bill of Rights • Untapped resources • Significant Diaspora • Returnees with material resources and skills • Community involvement and participation • Primary health care can help improve utilization of services and better quality of life • Anticipated decentralization of government and of health services • Some good practices in traditional medicine • Good relationship with development partners • Local NGOs, faith based organisations and providers very active and have potential to integrate in health care system 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • Insecurity • Undermining of the peace agreement • Funds not forthcoming from, or slow disbursement of, national and international sources • Low levels of literacy, especially among women • Corruption • Emergence of epidemics/new diseases • Hostile environment e.g. swamps, climate, flooding, and famine • Unhealthy life style practices • Delays in health seeking practices • Large population movements e.g. returnees and the displaced • High and growing expectations of the people about health services • Limited government resources within context of need to rapidly expand delivery of basic, quality health services

CHAPTER 2.

POST CONFLICT CONTEXT

2.1 Moving from war to peace

The long standing civil war in Sudan has affected the health system and infrastructure in Southern Sudan. However, following the conclusion of the Comprehensive Peace Agreement (CPA) between the Government of Sudan and the Sudan People's Liberation Movement/Army (SPLM/A) on January 9th, 2005, a new political landscape has been created that is favourable for rebuilding Southern Sudan, especially the health system and infrastructure.

Before the signing of the CPA, preparation for establishing the health system in Southern Sudan had already started. A 'Framework for Action in 2005 – 2006' was developed. Both these documents stressed the need for equity and for a realistic and incremental approach to strengthening health the health systems in Southern Sudan. This was in the light of acknowledged serious capacity, absorptive and resource constraints. Working groups were also established to look at some issues in greater depth.

2.2 Interim Constitution

The peace agreement recognised the need for a new constitution. The Interim National Constitution allows for a decentralised State with levels of government that includes Government of National Unity (GONU), Government of Southern Sudan (GOSS) and State level of Government. This means that within the National Constitution there is reference to issues specific to Southern Sudan in its Interim Constitution.

Both Southern and North Sudan has their own ministerial institutions. With the formation of the Ministries of Health at the GOSS and State Level, Ministers were appointed to the respective positions. Thus in Southern Sudan, there is one Minister of Health at the GOSS level and 10 Ministers of Health, one each at the State Level. The Health Ministers at the various level (GONU, GOSS and State) do cooperate and collaborate in managing health programs in Sudan.

The Interim Constitution indicates the need to promote public health and guarantee equal access to free primary health care services. This Health Policy for the Government

of Southern Sudan has been developed within the framework of the 2005 Interim National Constitution of Sudan and Interim Constitution of Southern Sudan.

Development of the Southern Sudan Health Policy for the Government of Southern Sudan also took into consideration the Joint Assessment Mission (JAM) report. In December 2003, the World Bank and UN were asked to coordinate a Joint Assessment Mission to assess the recovery and reconstruction needs of Sudan over the six-year interim period. The JAM's primary output is a "Framework for Sustained Peace, Development and Poverty Eradication", and is a good basis from which to move forward. Part of the health component, specifically for Southern Sudan, covered in the JAM report, builds upon experiences during the conflict period and issues of importance documented in the 1998 Health Policy of the New Sudan and the two documents mentioned earlier. Six priority areas for Southern Sudan are highlighted in the report, of which policy development is included. The six priority areas are stated below:

2.3 Poverty

Available evidence suggests that around 90 per cent of the population of Southern Sudan is estimated to be living below \$1 a day income. Because the majority of the population in Southern Sudan is poor, socio-economic disparities in health are not as evident as in other countries. The JAM document explains the primary drivers of poverty in Southern Sudan in terms of conflicts, displacement, depletion of assets, and limited access to social services.

2.4 Economy

Very low levels of income and purchasing power, alongside the disruption associated with conflict and very limited economic infrastructure, have inhibited economic activity and market development. Many households have few or no assets. The lack of markets is symptomatic of underlying economic underdevelopment, in particular institutional uncertainty, insecurity, and the virtual absence of infrastructure.

Agriculture remains the main source of income for more than 85 percent of those in Southern Sudan. While the available data on poverty are limited, the evidence clearly suggests that agricultural output growth has favoured those with capital and land, and has therefore not adequately benefited the poor, despite strong overall performance.

2.5 Government

The strategic focus of the joint assessment recommendations for Southern Sudan supports the Government's vision of development through a decentralised system. It includes policies and interventions designed to consolidate peace and deliver tangible benefits to the population on a broad basis. Provision of basic education and health services, infrastructure, and capacity building for a lean, efficient, decentralised and transparent Government of Southern Sudan is one of the key objectives.

2.6 Millennium development goals and health related challenges

2.6.1 Baseline information from MDG Survey and JAM

In terms of human development, Sudan lags significantly behind the average for Sub-Saharan Africa. All millennium development goal indicators show inequalities in terms of gender, rural urban divide, North-South and other regional differences, especially in basic education and health. Table 1 provides baseline best estimate figures for the health millennium development goals (MDGs) for Southern Sudan, while Table 2 gives some health service utilization indicators as stated in the JAM report, 2005.

Table 1. Southern Sudan: Current level of the relevant health MDGs and the target for 2010*

MDG	Current baseline	2010
Under-5 chronic malnutrition (percent under-5s)	45	30
Under-5 mortality rate (per 1,000)	250	140
Maternal mortality ratio (per 100,000 live births)	1,700	850
HIV/AIDS prevalence (percent adults)	NA	
Tuberculosis incidence (per 100,000 population)	325	< 325

Table 2. Southern Sudan: Health service utilization indicators*

Indicator	Current baseline (%)	2010 Target (%)
Measles immunization (percent 12-23 months)	25	70
Births attended by trained personnel (percent)	6	30
Contraceptive prevalence rate (percent women 15-49)	<1	10
ITN utilization (percent under-5s)	<1	40
Anti-malarial treatment (percent febrile under-5s)	36	51
Tuberculosis cases detected under DOTS (percent)	6	51

*As given in the JAM report, 2005

Among the important health related millennium development goals are improved access to water and to sanitation facilities. Forty eight percent of the deaths in children under five years of age are due to water-related diseases. Southern Sudan bears an estimated 70 percent of the world's remaining guinea worm disease burden. According to the joint assessment mission report, rural safe water coverage is estimated at 25-30 percent; in towns coverage is around 60 percent. The population per water point ranges from 1,000 to 64,000, and average water collection journeys in un-served areas are up to 8 hours. Only 25-30 percent of the rural population has access to sanitary latrines, and less than 50 percent of existing basic primary schools and even fewer health facilities have access to safe water and to latrines. The Ministry of Health, Government of Southern Sudan and the State Ministries of Health will ensure that all renovated and newly constructed health facilities in particular have an adequate water supply and appropriate latrines. It will also work with other relevant Ministries to ensure a coordinated approach to improving water supplies and sanitation facilities.

CHAPTER 3.

LEADERSHIP, GOVERNANCE AND FUNCTIONS OF THE MINISTRIES OF HEALTH, GOVERNMENT OF SOUTHERN SUDAN

3.1 Sector-wide development and partnerships

Visible leadership in the Ministries of Health, Government of Southern Sudan can be demonstrated through two key areas: sector wide perspective and effective partnerships. The Ministry of Health, Government of Southern Sudan has shown commitment to sector wide development. This has been reflected through the intention of the Ministry to strengthen its leadership role in guiding and managing the implementation of Health in Southern Sudan. There is great need to strengthen the leadership at the MOH-GOSS and within the State Ministries of Health.

Two of the key aims in having sector wide development and partnerships are firstly, that it supports a strategic common vision and approach to equitable, accelerated and expanded quality health care for all people in Southern Sudan, especially women and children. Secondly, that the best use is made of limited resources.

Hence, the MOH-GOSS recognises the need and importance of working in partnership to enhance the effectiveness of the health programme in Southern Sudan. Partnership and networking among donors, government personnel such as staff and inter-ministerial colleagues, traditional practitioners, professional associations, communities, private not-for-profit organisations such as NGOs, FBOs, private for-profit institutions, church providers, bilateral and multilateral agencies, the UN organisations, academia and research organisations are viewed necessary.

Below are some of the strategies proposed by the Ministry of Health, Government of Southern Sudan to enhance an effective partnership with all stakeholders:

- Ensure that the MOH-GOSS and SMOH and partners are focussed on the same vision and goals
- Develop formal and informal coordination and collaboration mechanisms
- Advocacy of the Ministry's priorities with Ministry of Finance
- Getting engaged in Governments' broader civil service and budget initiatives and reforms

- Use the strengths and comparative advantages of its partners
- Be pro-active with donors and guide them to input selectively to the ministries' priority programmes
- Encourage different types of stakeholders e.g. bilateral donors, multilateral, and the UN, FBOs, NGOs etc to each have their own coordination/networking mechanism(s) for information sharing, joint programmes and to ensure there is no duplication or overlap
- Encourage NGO, FBOs and other health care providers who are implementers of health care to integrate within the health system of Southern Sudan
- Build an atmosphere of trust and transparency
- Joint policy dialogue, planning and evaluation

3.2 Governance within MOH-GOSS and SMOH

The Government of Southern Sudan is committed, within the wider framework, to ensure that good governance exists within the MOH-GOSS and the State Ministries. This is important if delivery of health services have to be effective and efficient. Its implication involves attitudes of staff, the institutional framework of the Ministry, the allocation of resources, the processes of decentralization, delegation, accountability, transparency and decision making. Therefore, all Ministries of Health in Southern Sudan will ensure effective health service delivery within a culture of:

- Consensus and participation
- Social justice especially in regard to equity in access to health care and to gender and health
- Recognizing health as a basic human right
- Transparent decision making and accountability
- Being responsive to long term capacity building, and sustainable health and human development, especially for the poorest and most marginal
- Business orientated management to help achieve an effective, efficient focused health system

In addition, the lack of sector wide statutory laws and regulations, and institutional capacity to promote good governance within the Ministries of Health, will be addressed.

In the wider international context, the UN Commission on Human Security places health at the core of human security, stating that illness, disability and avoidable death are critical threats to human security. The Government of Southern Sudan recognises the

need to strengthen the health sector post conflict as an important priority within the framework of the entitlement of all women, men and children to health as part of their human security - an entitlement that some groups may have previously been denied. Security and entitlement can therefore be seen as two more issues of governance.

3.3 Functions of the Ministries of Health, Southern Sudan

It is important to note that the health system in Southern Sudan exist at four levels mainly: Central, State, County and community level. The functions of the Ministries of Health at the different levels have been defined and summarized in Box 2 below:

Box 2. Functions of the Ministries of Health at different levels of the health system

Central level, GOSS

- Leadership, governance, stewardship sector wide
- Development of a strategic, regulated, accountable, transparent organisation
- Selective decentralisation and effective delegation
- National health and disease policies, strategies and plans
- Human resources capacity development
- Planning, monitoring, evaluation and information systems and research
- Regulation and legislation
- Setting national level priorities, standards and guidelines
- Sector wide and inter-ministerial coordination
- Health financing and management of financial resources
- Contracting services

State level

- Leadership
- Joint assessments, planning, monitoring, evaluation
- Operational research
- Sectoral and intersectoral coordination
- Annual management work plans

Implementation of government health care and services
Supervision and guidance including of contracted out services
Referral system
Epidemiological surveillance

County and Municipality levels

Health coordination
Assessment and analysis of local health and managerial needs
Joint strategic planning based on local needs and problems
Monthly management work plans
Implementation of health care and services
Supervision, guidance and monitoring including of contracted out services
Referral system
Epidemiological surveillance

Community level (primary health care centres and units, and communities)

Implementation of primary health care package
Community participation
Referral system
Weekly work plans by health centres and units
Outreach
Campaigns

CHAPTER 4.

PRIORITY HEALTH PROBLEMS AND HEALTH RELATED CHALLENGES

4.1 Priority health problems

The health and nutrition situation in Southern Sudan is among the worst in the world. In addition to the disturbing data from previous assessment mentioned in the previous chapter, the health system is faced with the following challenges:

- Heavy communicable disease burden, especially those identified for Integrated Diseases Surveillance Response in Southern Sudan (see box 3 below)
- Lack of a well functioning disease surveillance and response system
- High prevalence of classical tropical diseases
- Unknown/possibly significant prevalence of life style related chronic conditions
- Poor organizational structure
- Poor infrastructure
- Lack of skilled manpower in the area of leadership, management, finances and health service delivery at various levels
- Lack of appropriate equipment and supplies
- Lack of appropriate protective wears and waste disposal systems resulting in breach of infection safety protocols

Box 3: Priority Diseases for Integrated Disease Surveillance & Response

1. Cholera	13. HIV/AIDS
2. Bloody diarrhoea	14. STIs
3. Measles	15. Malaria
4. Yellow fever	16. Trypanosomiasis
5. Meningococcal meningitis	17. TB
6. Viral haemorrhagic fevers	18. Onchocerciasis
7. Guinea worm	19. Rabies
8. AFP	20. Lymphatic Filariasis
9. Neonatal tetanus (NNT)	21. Kala Azar
10. Leprosy	22. Schistosomiasis
11. Diarrhoea in under 5 yr	23. Acute jaundice syndrome
12. Acute respiratory illness (ARI) Under 5 yr	24. Avian Influenza (included recently)

*Note: Priority diseases recommended by IDSR working group.

4.2 Problems of poorly functioning health systems

A) Human resource challenges

- The high degree of isolation experienced by health personnel during the war resulting in no access to continuing education
- Only about half the estimated skilled work force needed is available
- Concentration of health personnel in urban areas
- Large number of health personnel in the Diaspora
- Lack of motivation to attract the few qualified national staff to work in Government institutions such as the Health Ministries
- Unfavourable terms and conditions of service to attract and retain qualified health workers at all levels of Government health facilities.

B) Health facilities and services challenges

- Overall coverage of health services is estimated at only 25 per cent of the population
- Health facilities in poor condition and unequally distributed e.g. in some rural areas ratios of around 75,000 people per health centre and 14,000 per health unit; and 19 hospitals = 400,000 people per hospital
- Fragmented health system
- Scattered populations
- Urgent need to improve the delivery of accessible, acceptable, affordable, sustainable, cost effective health interventions

C) Organisational and management challenges

- Limited capacity of leadership within the Ministries of Health, especially at the State level
- Need to better address values of the ministry such as good governance and equity, and to ensure the working principles of the ministry including transparency, affordability, sustainability and effectiveness and efficiency are more than just words
- Limited capacity, absorptive and resource constraints
- Relative lack of management knowledge and skills e.g. strategic thinking and actions, transparent decision making and delegation
- The need to institutionalise a learning, evidence based culture
- Lack of health systems in Southern Sudan e.g. an efficient HMIS

- Institutionalising effective partnerships with other stakeholders through coordination and other collaborative mechanisms
- Need for donor aid harmonisation
- Lack of regulations and laws

4.3 Health related challenges including health determinants

- Serious breakdown of social networks
- The prospect of over one million returnees
- The impact of demobilisation on health and health care
- Difficulty in modification of behaviour change

CHAPTER 5.

KEY ELEMENTS AND HEALTH PRIORITIES OF THE HEALTH POLICY OF THE GOVERNMENT OF SOUTHERN SUDAN

5.1 Mission statement, values and working principles of the MOH-GOSS

Box 2. Mission Statement of the Ministry of Health, Government of Southern Sudan

The Mission of the Ministry of Health, Government of Southern Sudan is commitment to ensure equitable, sector wide, accelerated and expanded quality health care for all people in South Sudan, especially women and children.

5.2 Values of the Ministry of Health, Government of Southern Sudan

Right to health
Equity
Pro-poor
Community ownership
Good governance

5.3 Working Principles of the MOH-GOSS

Human dignity
Compassion
Professional ethics
Transparency
Evidence based
Affordability
Sustainability
Effectiveness and efficiency

5.4. Goal: Health Policy of the MOH-GOSS

The goal of the health policy of the Government of Southern Sudan is to improve the health of the people through strengthening the health system at all levels and in particular ensuring the universal coverage of an essential package of health services.

5.5. Objective: Health Policy of the MOH-GOSS

The objective of this policy is to reduce mortality and morbidity through a strategic approach under the overall stewardship of the Ministry of Health that ensure:

- Improving the delivery of accessible, acceptable, affordable, sustainable, cost effective maternal and child health interventions and nutrition programmes
- Enhancing and accelerating disease prevention and control programmes
- Strengthening the health system at all levels through adequate and fair financing, good governance and accessible health services
- Developing a comprehensive approach to human resource development including planning, training and continuous education, and management of personnel
- Institutionalising effective partnerships with other stakeholders through coordination and other collaborative mechanisms

5.6. Outcomes: Health Policy of the MOH-GOSS

Possible current baseline estimates for outcomes 2, 3, and 4 below are given in the JAM document but are very rough guesstimates. Therefore more accurate baselines and outcomes will be determined following the findings from the Sudan Household Health Survey that is expected by end of April 2007.

- Increased service coverage from about 25% to around 50% of the population
- Maternal mortality reduced
- Under-five mortality reduced
- Reduction in under 5 malnutrition
- More effective and efficient health system

5.7 Priorities: Health Policy of the MOH-GOSS

Everything is a priority, especially in a complex, post conflict environment. But there are limited resources and capacity in Southern Sudan. As part of its business orientation and determination to focus on the major challenges in the health sector, the Ministry of Health, Government of Southern Sudan is committed to focussing on 18 priorities. These

are listed below. They are not ranked in order of priority, but those 10 marked with an asterisk (*) are top priority for resource allocation.

We ask all stakeholders to focus their attention, resources and work on these priorities so that there is common vision and ownership towards improving the health of the people of Southern Sudan.

The priorities are grouped within a strategic area of concern, which is health systems development. There is need to invest in health systems to increase the efficiency of health care delivery and extensively increase the coverage of quality, essential health services. Thus the need to also target the most pressing challenges in the health sector.

International and local experience has shown that services can only be as good, or as bad, as the health systems that they are functioning within. Some of the priorities are very comprehensive e.g. Priority health programmes such as communicable diseases, HIV/AIDS, Non-Communicable Diseases, Nutrition etc. Other major priorities for strengthening the health system in Southern Sudan include health financing, governance, human resource, service provision, disease surveillance, monitoring and evaluation, research etc.

5.8 Proposal to address the priority health problems

A) Tackling priority health problems

- Communicable diseases – HIV, TB, Malaria, Trypanosomiasis, Leishmaniasis etc

B) Addressing Health and related determinants

- Malnutrition, water, sanitation, women's education, nutrition, poverty etc.

C) Strengthening Health Systems

- Many of the statements below fall under this heading. They can be dealt under:
- Stewardship and governance
- Health Financing
- Human resource development
- Essential medicines and technology
- Health information and surveillance systems
- Community participation
- Provision of essential health and hospital services

D). Health services strengthening

- *Reduce inequalities in access to health care
- *Community participation
- *Development and implementation of minimum package of health care
- *Development and implementation of essential hospital services package
- *Improved delivery of maternal and child health interventions
- *Health facility infrastructure development
- Development of support services e.g. laboratories, blood banks
- Cost-effective control of communicable diseases and evidence based public health interventions
- Health prevention and promotion
- Pharmaceuticals and medical supplies
- Nutrition

E). Health systems development

- *Institutional Development
- *Human Resource Development
- *Health financing
- *Health Policy Development
- *Monitoring and Evaluation
- *Research, Planning and Development
- *Coordination, Communication and Networking
- Quality Assurance
- Sector Wide Laws and Regulations

CHAPTER 6.

POLICY STATEMENT FOR THE PRIORITY AREAS IN HEALTH

6.1 Summary of the policy statements

This chapter presents policy statements on priorities for health system strengthening in Southern Sudan. It starts by summarising policy statements on health system strengthening in Box 4. This is followed by policy statement for specific areas identified below.

BOX 4. Policy Statements on health system strengthening

Policy Statements on:

Health System Strengthening

- Reducing Inequalities in Access to Health Care
- Primary Health Care and the Development and Implementation of the Basic Package of Essential Health Care
- Development and Implementation of Essential Hospital Services Package
- Quality Assurance
- Development of Support Services
- Health Facility Infrastructure Development
- Institutional Development
- Health Policy Development, Planning, and Evaluation
- Human Resource Development
- Health Financing
- Sector Wide Laws and Regulations
- Coordination, Communication and Networking
- Pharmaceuticals and Medical Supplies
- Traditional/Herbal Medicine
- Information Technology and Communications
- Procurement and Logistics
- Health System Research

Tackling Priority Health Problems and Health Determinants

- Cost-Effective Control of Communicable Diseases and Evidence Based Public Health Interventions

- Delivery of Maternal and Child Health Care
- Disability, Accidents and Injuries
- Mental Health
- Disease Prevention and Health Promotion
- IEC and Behaviour Change
- Emergency Preparedness
- Nutrition
- Environmental Health

6.2 Policy statement on reducing inequalities in access to health care

The Ministry of Health, Government of Southern Sudan and the State Ministries of Health, mindful of the current inequalities in the provision of health services, is committed to ensuring a marked increase throughout Southern Sudan of equitable, cost effective, quality health services and public health interventions and that are accessible geographically, financially, culturally and functionally. To achieve this, the ministry will mobilise individuals and communities to play a major part in all aspects of health care delivery and it will also develop effective partnerships with both funders and implementers of health services and systems.

The Ministries of Health will strive to strengthen existing health units, centres and hospitals while opening new ones in those areas that were underserved for war related or other issues. Priority will be given to States in Southern Sudan with very limited/no services and high population. Medium and long term policies and strategies will be developed to plan strategically for:

- Geographical areas where no health services exist
- Populations living in underserved area
- Pastoral communities
- Geographical areas supported by NGOs
- Emergency services for everyone

6.3 Policy statement on community participation

The Ministry of Health, Government of Southern Sudan affirms that each community in Southern Sudan has the right to participate individually and collectively in planning and implementation of its own health care. Representatives of communities should

participate in management boards and committees at central, state and community levels.

6.4 Policy statement on primary health care and the development and implementation of the basic package of essential health care

The Ministry of Health, Government of Southern Sudan is committed to ensure that primary health care remain the cornerstone of the health system.

The Ministry of Health will ensure equitable, accessible, efficient and standard provision of a full basic package of health care, both in the public sector and in contracted out services. The package will be implemented to enhance a sustainable increased coverage of basic health services throughout Southern Sudan.

6.5 Policy statement on development and implementation of essential hospital services package

The Ministry of Health, Government of Southern Sudan will develop and implement a package of essential hospital services. While the emphasis of spending will be on extending the coverage of quality basic services and primary health care, some resources will need to be spent on hospitals, primarily to ensure that they maintain a 24 hour comprehensive emergency obstetric service including for caesarean operations. The ministry is also committed to strengthening hospital management so that resources are used effectively and efficiently.

6.6 Policy statement on development of support services

The Ministry of Health, Government of Southern Sudan will aim to have quality support services that are equitable, affordable and sustainable, including those for laboratory services, blood safety, referral, pharmaceuticals, equipment and medical supplies. It will also establish capacity for the maintenance of facilities, equipment and transport.

6.7 Policy statement on cost-effective control of communicable diseases and evidence based public health interventions

The Ministry of Health, Government of Southern Sudan will, as a priority, control communicable diseases, especially, HIV/AIDS, malaria and tuberculosis, and those classical tropical diseases that are largely controlled in other countries including sleeping sickness, onchocerciasis, guinea worm and visceral leishmaniasis. This will be done through strengthening the management of integrated, cost-effective interventions for prevention, control and treatment.

The prevention and management of outbreaks will also be strengthened further through raising public awareness and responding rapidly through an integrated disease early warning system.

In addition, the Ministry will ensure that HIV/AIDS is addressed from a multi-sectoral perspective and that the work on disease prevention is accorded high priority.

The Ministry of Health, Government of Southern Sudan is committed to ensure the effective implementation of cost-effective public health interventions to reduce the burden of disease among the people of Southern Sudan, especially the poor and the vulnerable. Priority interventions include maternal health, family planning, immunization, malaria case management and selected preventive measures e.g. impregnated bed nets, treatment of tuberculosis, selected non-communicable diseases and injuries, safe water, waste disposal, personal hygiene and sanitation, and alcohol and tobacco control. In addition, the ministry will identify the top priority chronic conditions and implements cost-effective interventions for prevention, control and treatment. Such conditions might include for example, diabetes and hypertension.

6.8 Policy statement on delivery of maternal and child health care

The Ministry of Health, Government of Southern Sudan recognises that reproductive health extends before and beyond the years of reproduction, and is closely associated with socio-cultural factors, gender roles and the respect and protection of human rights, especially - but not only - in regard to sexuality and personal relationships.

The Ministry of Health will ensure that the following core components of reproductive health are implemented within the core value and framework of existing reproductive health rights in South Sudan that will be recognised by the new government. The core components for improvement of reproductive and sexual health care are: antenatal, safe delivery, peri-natal, postpartum and newborn care, family planning, including infertility services; eliminating unsafe abortion, combating sexually transmitted infections including HIV, reproductive tract infections and other gynaecological morbidities; and promoting sexual health.

Child health care will mainly be addressed through developing quality integrated management of child care, especially at the community level.

The approach to reduce maternal mortality and morbidity will be developed through formulation and implementation of strategies for making relevant services accessible and acceptable to the people in greatest need in South Sudan, such as adolescents and the poor.

6.9 Policy statement on disease prevention and health promotion

The Ministry of Health, Government of Southern Sudan is committed to interventions on prevention and promotion at the following three levels of involvement:

Level 1. Interventions that are the direct responsibility of the health care system, such as ANC, EPI, and maternal health. Other direct interventions by government include banning the presence of harmful substances and/or practices in the country.

Level 2. Interventions that are mainly the responsibility of the individuals and communities such as nutrition, harmful cultural practices, illicit drug use, smoking, alcohol, and sexual behaviour. The role of the health care system at this level is creation of awareness, by direct contact, through mass media and/or facilitating processes such as counselling.

Level 3. The holistic concept of health cannot be achieved by the ministry alone. It is a cross cutting issue for the whole government in the process of building a peaceful and productive society in which each individual irrespective of gender, race, tribe or ability can reach its full potential.

6.10 Policy statement on health facility infrastructure development

The Ministry of Health, Government of Southern Sudan will ensure that a health facility coverage plan is developed through mapping the number and type of existing facilities and rationalising the location of new health facilities, based on facility/population ratio. In addition, staffing requirements will be considered as well as recurrent cost implications. The plan will be costed accordingly taking into consideration needs.

The ministry request that all stakeholders respect the health facility coverage plan that will contain details on type/buildings of health facilities proposed. No health agencies should renovate and/or build new facilities outside the framework of the plan nor build a facility without also making provision to equip it appropriately.

In addition, the ministry will ensure that any newly constructed health facilities are well

designed, built at an affordable cost, eco-friendly, and meet the needs of patients and staff. Standards will define the minimum number of rooms for each type of facility. A maintenance programme will be budgeted for, and developed at the same time as a facility is planned.

6.11 Policy statement on pharmaceuticals and medical supplies

The Ministry of Health, Government of Southern Sudan is committed to ensuring the accessibility, availability, safety, efficiency, effectiveness and affordability of drugs and pharmaceuticals in both the public and private sectors.

Rational drug use is of paramount importance to the ministry to ensure that health care is evidence based and affordable. To achieve this the ministry is responsible for providing essential drug lists for each level of health facility and providing guidelines and training for health workers on how to use drugs rationally.

Options are being explored to ensure the most efficient procurement and distribution systems for Southern Sudan. No drugs or other medical supplies should be donated to Southern Sudan without prior consultation with the ministry of health, Government of Southern Sudan. No medicine may be donated to the ministry or its implementing partners if it is not on the essential drug list and/or if the expiry date is less than 12 months.

6.12 Policy statement on nutrition

The Ministry of Health, Government of Southern Sudan is committed to the sustained improvement of nutritional status throughout Southern Sudan and in particular at the community level. This will be done through strategic mechanisms geared towards reducing the existing prevalence of malnutrition and malnutrition related morbidity/mortality and preventing further deterioration of individual nutritional status with its associated consequences. Such strategic mechanisms will include improving the quality of the delivery of nutrition services by ensuring equitable access through an integrated health package, developing appropriate nutrition related knowledge and skills among health personnel, and effective and timely coordination of all nutrition and related information. Therefore, it is a core mandate of the ministry to ensure that components of nutrition such as breast feeding/ weaning practices, management of mild malnutrition, nutrition counselling/education, in-patient feeding and diet therapy are an integral part of health services at the primary care level of the health system.

The Ministry of Health will collaborate within other ministries and organisations both in the public and private to secure healthy nutrition through increased individual access to nutritious food and food intake. To that effect, the ministry will develop and implement a comprehensive national public nutrition policy and guidelines. All nutrition planning and programming will address the root causes of malnutrition through multi-sectoral, sustainable and long term approaches with a central focus on local community ownership and participation, except in the case of emergency situations. For emergencies, the ministry takes a lead role in setting triggers, the analysis of data collected, decision making about any emergency nutritional state among any population in Southern Sudan, the sharing of information, and formulation of interventions.

6.13 Policy statement on institutional development

The Ministry of Health, Government of Southern Sudan is committed to ensuring that the institution provides visible leadership and governance. It will ensure that its' mission, values and working principles are adhered to and reflected in both strategic and day-to-day work.

Within the framework of good governance the ministry will ensure clarity of roles, functions and responsibilities of the ministry at each level of the system as outlined in Box 2 of this policy document and at annex A. Capacity building, sector wide statutory laws and regulations and working within the context of wider public sector reform will also promote good governance. The ministry will also develop a strategic, priority orientated focus and a business management culture to make the best use of its limited resources. Management will be strengthened at all levels of the health system to ensure strategic and day-to-day work is effective and efficient.

Certain functions will be decentralised, and effective delegation and accountability will be enhanced in order to have more responsive and efficient health systems and services. Delegated powers will be used with transparency and according to norms of good governance. Decision making will be transparent at each level of the health system. As a first step towards ensuring this, an Executive Board has been established at the MOH-GOSS and comprise of all heads of Directorates. This is the highest decision making body in the ministry.

The Ministry of Health, Government of Southern Sudan is committed, as a top priority to

organising and managing the health system to reduce inequity and improve efficiency, effectiveness, quality and accountability at all levels. The development of effective partnerships will facilitate this.

6.14 Policy statement on human resource development

The Ministry of Health, Government of Southern Sudan is committed to the concept that human resources are the most valuable asset in the health sector. It will work in close collaboration with the Ministry of Public Service and Human Resource Development to develop a human resource coverage plan, policy and strategy through a needs/functional analysis and consideration of a cost limit.

Among other things, the policy and strategy will address current challenges in human resource development such as gender imbalance, retention strategies, morale, attracting the Diaspora to return, an enabling working environment, day care for the children of staff, the retirement of elderly health personnel, and developing quality trainers, training curricula and continuing education programmes.

6.15 Policy statement on health financing

The Ministry of Health, Government of Southern Sudan will design a health financing framework through rigorous examination of financing options/alternatives, especially those that protect the poor, while also developing transparent, effective and efficient budgeting, accounting and audit systems.

The Interim Constitution commits all levels of Government to the provision of free primary health care and emergency services for the people of Sudan. The question of how to achieve this will be a priority area of policy development.

The ministry will coordinate closely with the Ministry of Finance on the annual budget, and development of different mechanisms to improve total public expenditure from internal and external resources. It will also coordinate on the development of appropriate financial mechanisms to extend the coverage of health services.

The ministry will also undertake health advocacy to increase funds and resources to the health sector; ensure spending is in line with priorities and coordinated across sectors; strengthen coordination of different sources of funding; and monitor different mechanisms to finance the delivery of health services such as contracting for their cost-

efficiency and acceptability.

6.16 Policy statement on health policy development and planning

The Ministry of Health, Government of Southern Sudan is committed to the evidence based principle including evidence based decision making, policy making, public health and clinical interventions. It will ensure, therefore, that the functions of policy development, and planning, are closely interrelated and that research, baseline surveys, other studies, and the health information system effectively feed into the functions.

6.17 Policy statement on quality assurance

The Ministry of Health, Government of Southern Sudan is committed to introducing a culture of quality throughout the health institutions. This will be done by strengthening capacity, providing good leadership and setting good examples in day-to-day work. Work will gradually be developed in three key areas of quality assurance and management of the health sector, the delivery of quality health services, and quality clinical care. As part of this, the ministry will develop and utilise more quality standards in both the public and private sectors.

6.18 Policy statement on sector wide laws and regulations

The Ministry of Health, Government of Southern Sudan will develop a regulatory framework on activities, standards and laws as and when necessary to safeguard the public particularly to ensure quality of clinical services. It will also determine and implement responsibility and resources for inspection and enforcement, monitoring procedures to ensure compliance, and sanctions to enforce compliance in both the public and private sectors. The ministry will also encourage and support the development of ethics based professional regulatory and accreditation bodies.

6.19 Policy statement on coordination

The Ministry of Health, Government of Southern Sudan is in the driving seat in coordinating health and nutrition sector wide in Southern Sudan. It sees effective coordination as important and various formal and informal mechanisms will be developed and sustained (also see definition at annex C). The ministry is committed to working in partnership with other stakeholders, local and international, in both the public and private sectors, as part of coordination.

The Ministry will also encourage different types of organisations to coordinate better

among themselves. This is particularly important to prevent duplication, coordinate assessment and planning missions and support specific priority health issues such as maternal health.

6.20 Policy statement on traditional/herbal medicine

Traditional/herbal medicine is an essential part of Southern Sudan's culture. The Ministry of Health, Government of Southern Sudan is committed to having traditional/herbal medicine as an integral part of the health system. It will work closely with traditional practitioners to develop a policy that particularly highlights those traditional practices and medicines that are beneficial and those that are harmful. It will also encourage traditional medicine practitioners and herbalists to come together as a formal group who can have a constructive partnership and dialogue with the ministry.

6.21 Policy statement on IEC and behaviour change

The Ministry of Health, Government of Southern Sudan will initially focus on IEC and behavioural change issues related to the basic package of essential health services and to the priority promotion and prevention programmes. Various methods will be used depending on factors such as the target group and the current level of awareness or knowledge about a particular issue.

6.22 Policy statement on disability, accidents and injuries

The Ministry of Health, Government of Southern Sudan is committed to ensuring that the disabled and those injured through accidents at home, work or by traffic will have access to relevant health care when needed. The ministry will work on these issues in close collaboration with other relevant ministries. In particular it will work with the Ministry of Welfare on disability issues and with the police, Ministry of Transport and other relevant ministries on developing, implementing and enforcing laws and regulations to reduce risks of accidents, especially road accidents, and alcohol related violence.

6.23 Policy statement on mental health

The Ministry of Health, Government of Southern Sudan sees mental health as an essential component of public health. A strategic approach will therefore be taken to protect and promote the mental health and well being of the people of Southern Sudan. The ministry will work with the social and other sectors to develop a flexible range of post conflict, integrated mental health support and care services at all levels of the health system particularly at the community level. The services should be appropriate,

accountable, accessible and equitable and ensure that the dignity of people is respected.

A mental health strategy will be developed that will include advocacy, legislation and human rights, planning, financing and organisation of services, quality, the use of psychotropic medicines and how to address the mental health of people of all ages including children and adolescents.

6.24 Policy statement on emergency preparedness

The Ministry of Health, Government of Southern Sudan is committed to develop and institutionalise a comprehensive health preparedness plan at GOSS, State and local levels, and to allocate appropriate resources in order to be able to respond to natural and man-made emergencies in an effective and timely manner. This work will be undertaken in close collaboration with other ministries.

6.25 Policy statement on environmental health

The Ministry of Health, Government of Southern Sudan in collaboration with other relevant government ministries and departments will raise awareness levels of the potential adverse health consequences of environmental factors such as poor water supplies, lack of adequate sanitation facilities, inadequate rubbish disposal and collection, health facility waste, poor food handling and hygiene, and high levels of (indoor) air pollution. Various mechanisms will be used to raise awareness and understanding, including during parliamentary meetings, through inter-ministerial meetings and through the media. The ministry will develop an environmental health policy and strategy that defines where and how it can be most effective in preventing illness due to adverse environmental factors. It will also develop and distribute guidelines on good environmental health practices.

6.26 Policy statement on monitoring and evaluation

The Ministry of Health, Government of Southern Sudan is committed to develop a monitoring and evaluation programme and a health information system that provides information support to the decision-making process at each level of the health system. Thus a system that integrates data collection, processing, and use of the information necessary for improving health service effectiveness and efficiency through better management at all levels of health services.

The priorities of the MOH-GOSS will focus on: Development of a national M&E

framework and implementation manual; Review and standardization of indicators and reporting formats/tools; Establishment of an effective and efficient Health Management Information System (HMIS), and Development a comprehensive national M&E database.

The Ministry of Health, Government of Southern Sudan request that all health agencies participate actively in the establishment of the M&E Health System and once endorsed, all agencies implementing health services in Southern Sudan will have to strictly follow the system in place. Training of staff in the field of M&E will be one of the essential components of strengthening the M&E system in Southern Sudan.

6.27 Policy statement on health research

The Ministry of Health, Government of Southern Sudan is committed to encouraging and undertaking health research that test hypothesis within the domain of health and social sciences including economics and behavioural science, at each level of the health system.

All research carried out by partners should be related to the priorities of the ministry aimed at generating the necessary evidence based decision that leads to sound policy formulation as well as contributing towards the improvement of the health of the people of Southern Sudan.

6.28 Policy statement on procurement and logistics

The Ministry of Health, Government of Southern Sudan will establish and use standard procurement, stocking and logistics systems that are internationally recognised to enable the ministry to undertake international contracting, bidding, stocking and transportation.

6.29 Policy statement on information technology and communications

The Ministry of Health, Government of Southern Sudan is committed to establish, maintain and further develop an affordable, useful and functioning communications network, using modern information and technology systems. It will standardise the type of equipment so that spare parts are more easily obtainable and servicing simpler. Equipment should not be donated without prior consultation with the ministry at GOSS level.

CHAPTER 7.

HELPING CLOSE THE GAP BETWEEN POLICY AND IMPLEMENTATION

7.1 How will implementation of the policy be funded?

The funding to implement this policy will be provided by the Government of Southern Sudan and various donors including the Multi Donor Trust Fund (MDTF) Umbrella project. UN and International agencies are expected to provide technical, managerial and financial assistance. Several different funding mechanisms will be used including funds received through the national budget and grants within the Southern Sudan Government's overall framework of poverty reduction. Over time there may be a move to aid instruments such as budgetary support and a SWAp. The Ministry of Health will ensure consistency between government contributions and contributions received from other agencies making sure it fits within framework of the policy and strategy. It will also develop a fundraising strategy to help close the gap between needs and available resources for implementation.

Through the development of this interim health policy and the planned interim health strategy, the MOH-GOSS is planning to ensure that any aid will be 'project/programme type aid'. In other words that it fits within the framework of the policy and strategy. The MOH-GOSS wants to avoid the situation seen often in other countries where implementing partners do their own things, driven by their specific interest, with lots of one-off, stand-alone, uncoordinated projects.

7.2 Criteria for successful policy implementation

Successful policy delivery depends crucially on:

- Improved capacity of the managers/professionals at the implementation level
- Regular flow of resources at each level of health care: GOSS, State, County and Community Levels
- Decentralization of authority and responsibilities by State Government
- Robust Monitoring, supervision and evaluation
- Well functioning Health Management Information System
- Active community involvement
- Engagement of and synergy between the public and non State Actors

- The setting of clear and consistent priorities and strategies
- A widely shared and understood vision
- Need to easily adapt policy to local conditions
- Visible leadership, governance and transparency
- Clear lines of accountability.

Among the commonest reasons for unsuccessful implementation of policy are:

- Failure to define roles and responsibilities;
- Failure to establish clear success criteria such as those above

7.3 Development of the Southern Sudan Interim Health Strategy 2006 – 2008

The Ministry of Health, Government of Southern Sudan has developed an Interim Health Strategy 2006-2008 to support and guide the implementation of health service delivery during the interim period. The strategy gives the direction and scope of work in the health sector for that period within the framework of the health policy of the Government of Southern Sudan. It helps answer the question ‘how are we going to successfully achieve the policy’?

The strategy builds upon the guidelines for implementation that were developed in 1998 following the publication of the then new health policy. The interim health strategy is a pragmatic management tool, mainly in the form of a strategic implementation framework. The framework gives a strategic objective and outputs that contributes to achieving the policy goal, objective and outcomes. For each of the priorities given in this policy document, there will be lower level planned outputs, plus indicators towards achievement, strategic actions, and the person/institution/agency taking the lead and responsibility.

Within the five year period of the interim health policy, the Ministry of Health, Government of Southern Sudan plans to have two national health strategies, the one for 2006 –2008 available and one to be developed for 2009 - 2011. This particularly reflects the rapidly changing post conflict environment where five years is too long a period for a strategy. Flexibility and opportunities for change are needed within a shorter time frame.

7.4 Annual plans and guidelines

The strategy will not give detail on activities. These should be covered in annual plans developed at all levels of the health system. The activities will vary between States and

Counties depending on the health, disease, system and service issues that need to be addressed and current level of development.

The strategy will also not give detailed information on financial allocations. These should be developed within the framework of the Ministry of Finance, Government of Southern Sudan developing an annual budget.

ANNEXES

Annex 1. KEY DEFINITIONS USED IN THE NATIONAL HEALTH POLICY

It has come to the attention of the Ministry of Health, Government of Southern Sudan that people are using some terms such as policy, strategy, plan, strategic plan, etc very interchangeably. Also terms such as capacity building, human resource development, goal and objective, concept paper and position paper seem to mean different things to different people.

So, to help ensure that we are all talking the same language the following are definitions by the ministry of some of the most commonly used terms.

Aim, goal, purpose, objective, sub-objective and impact

Aim and goal tend to mean the same thing. Something long term that may or may not be achieved but is the overall framework within which objectives etc are set. Organisations tend to use either the word 'aim' or 'goal'. The Ministry of Health has decided to use 'goal'. So, for example any specific policy subject such as malaria or human resource development should have a goal not an aim.

Similarly, either 'purpose' or 'objective' should be used. The ministry has decided on the latter, objective. An objective is one level lower than a goal, is more focused, gives more information and should help achieve the goal. It should state ' what' it is intended to achieve and through 'which' mechanism(s) e.g. Strengthen the delivery of sustainable, quality, accessible health services through planning for, and the effective and efficient implementation of, the basic health services package with an emphasis on the community and outreach.

A sub-objective is a further level down and helps achieve just one aspect of the objective e.g. 'outreach'.

As changes can take time, impact is something that is measured sometime after work to achieve an outcome has been accomplished. It measures the positive and/or negative results.

Assessment and appraisal

Organisations/institutions tend to use either the word 'appraisal' or 'assessment' to mean judging what is happening, or not happening e.g. in the health sector as a whole or for one specific issue such as HIV/AIDS. The ministry will use the term assessment for this type of activity. The word 'performance' will be used in the context of undertaking a 'performance appraisal' of each member of staff on a regular basis.

Capacity building/development and Human resource development

One of the key aims of capacity building is to try and achieve sustainability, to ensure an organisation/institution will survive independent of changes in personalities, technologies and resource crises. By capacity building we, in the Ministry of Health, mean the development of organizational and managerial abilities, attitudes, relationships, values, processes, structures, roles and systems that enable individual staff, groups such as departments, committees and teams, and the ministry as an organization to become more effective and efficient. The result or outcome will be an enabling environment in which managers and implementer are able to make decisions and deliver quality health services.

We are working towards becoming a sustainable institution that achieves results through strategic work - working on a day-to-day basis within the longer-term context of strategies and planned outcomes and outputs. Capacity building is not just about training, with perhaps some equipment and the development of a few tools, and maybe even a few buildings.

Human resource development encompasses planning, education and training, and the management of personnel. It aims to have the right people in the right place with the right skills and attitudes.

Concept paper and position paper

When developing an idea a concept paper gives some thoughts as to what might happen e.g. the idea to form a health and nutrition consultative group as a mechanism for coordination. Drafts are circulated to various people for their comments. Once the idea becomes something that will happen then the final product

is written as a Ministry of Health Position Paper, to inform all stakeholders.

Constitution

The Interim National Constitution of Sudan, 2005, is the legal document that outlines the fundamental principles by which the country is governed.

The Ministry of Health requires each NGO and FBO who wants to work in the health sector to register with a government institution, the NGO Council. The registration process requires that an organisation submit its Constitution along with other documents. As with the constitution of a government, the organisations' constitution should give the principles by which it was formed and is working.

Coordination

The Ministry of Health is in the driving seat in coordinating health and nutrition sector wide in South Sudan. The ministry sees coordination as any activity formal or non-formal, at any level of the health system, undertaken by recipients in conjunction with donors and other development partners, individually or collectively, which ensures that external and internal inputs to the health sector enable the health system to function more effectively, and in accordance with priorities, over time. The sharing and dissemination of information are fundamental to coordination.

Cost-effective public health interventions

Interventions that if implemented well, can substantially reduce the burden of disease in populations, especially among the poor, and do so at a reasonable cost relative to results. Examples of interventions include maternal health and safe motherhood, family planning, integrated management of childhood illnesses, immunization, school health interventions, malaria case management and selected preventive measures e.g. impregnated bed nets, treatment of tuberculosis, selected non communicable diseases and injuries, and tobacco control.

Evidence-based decision making

This is fundamentally, the process of ensuring that the right questions are asked. Is an intervention safe and effective (will it do more good than harm)? Who needs it? Can it be provided under conditions of equal accessibility? Who is the population at

risk and what are the relevant clinical and social determinants? What change may be expected in the burden of disease? What are the social consequences? If decisions are based on such comprehensive evidence then the budgetary issues that follow will be more accurately defined.

Guidelines and Standards

Guidelines help or guide people to make the right decision, take the right action e.g. to use the right drug. Text is usually kept to a minimum and tables, charts, diagrams and flow charts used as much as possible.

Standards are requirements or limits established for use as a rule or basis of comparison in measuring or judging capacity, quantity, and/or quality.

Health policy

The health policy of a Government is its 'guide to the overall context within which all health and health related work should be developed and implemented within a set time frame'. The time frame is usually between three and five years, never longer than ten years. Outcomes are given if an organisation wants to give the message that it is results orientated. Our new health policy 2006 – 2011 will have outcomes.

A health policy should be a relatively short document, as it should not go into detail. Details and/or activities change rapidly over time, especially post conflict and so these should go in plans and work plans.

Health policy statement

A policy statement is a concise interpretation of the national health policy or of the policy for a specific subject e.g. human resource development or malaria. Usually, 10-15 lines, certainly never longer than one A4 page

Health strategy

A health strategy is the direction and scope of work in the health sector during a specific period, usually 2 - 3 years in a post conflict environment. This reflects the rapidly changing post conflict environment where six years is too long a period for a strategy. Flexibility and opportunities for change are needed within a shorter time

frame. Sometimes, in some countries a strategy is called a 'strategic plan'. There needs to be consistency in whatever term and we have decided to use 'strategy'.

In order to help close the gap between policy and implementation a strategy gives more information than a policy on the 'how' and 'what' needs to be done. A strategy helps answer the question 'how are we going to successfully achieve the policy'? Because a shorter time frame is used then outputs rather than outcomes are set to be achieved.

As with a policy, a strategy does not give detail on activities. It gives some strategic actions instead. Activities should be covered in an annual business/work/operational plan developed at each level of the health system. Nor should it give detailed information on financial allocations. This should be in a medium term expenditure framework. But a strategy should reflect some thinking about priorities and on matching resources to the changing environment.

Health actions and health activities

Health actions are strategic and therefore quite broad. For example, a health action might be to 'Discuss options and implications through regular brainstorming and/or think tank sessions, bearing in mind other possible reforms in government e.g. civil service'.

An activity is very practical and is a detail of work that has to be done. For example, 'Get any available information from the Ministry of Finance on current and planned reforms.

Institutional development

Refers to the process and content of change in institutions. The term process covers 'how' change is achieved and the term 'content' refers to 'what' is to be achieved.

'How' concerns change management or organization development, e.g. how need for change is identified and accepted; how change programmes are designed and agreed, and how implementation is organized. 'What' relates to the changes that are to be made, e.g. redefining objectives of new human resource policies.

Management and administration

Management is all about undertaking all work effectively and efficiently to help achieve goals, outcomes, outputs and objectives. Effective management = doing the right job. Efficient management = doing the job right.

Management functions include: setting priorities, planning, monitoring and evaluation, coordination, resource management, and human resource or personnel management. Management tools include delegation, management by objectives, staff meetings, and work plans.

Administration is to do with dealing with routine systems, procedures and documents that help managers work efficiently. For example, budgeting, approving expenditure, and getting the right signature from the right person on time.

Ministry of Health or Secretariat of Health

People are now using both terms, ministry of health and secretariat of health. As the South Sudan Government is established and a Minister of Health has been appointed. Only the term Ministry of Health should be used in writing and in conversation.

Mission statement, values and working principles

A mission statement is the vision of an organisation or business. It provides a sense of purpose. A mission statement should be very short and concise.

The values of an organisation embody its' essential ideals and offer a moral and ethical code that guides decision making to achieve success. Values are also useful in communicating the reasoning behind decision-making.

Working principles are moral rules or strong beliefs intended to guide the every day work of an organisation/institution. Each value and working principle is equally important.

Monitoring and evaluation and supervision

Monitoring is to keep a continuous check on something i.e. on disease surveillance data for signs of an increase in the number of cases of a disease.

Evaluation is attributing value to an intervention by gathering reliable and valid information about it in a systematic way, and by making comparisons, for the purposes of making more informed decisions or understanding causal mechanisms or general purposes. An evaluation process links planning and monitoring to evaluation and one of the basic principles is continuously questioning: what are doing and how? should/could we be working differently in order to be successful?

To supervise is to oversee the performance of someone or a group such as a unit or department. Supervision should be constructive, useful and provide a form of guidance. To be a good supervisor you need to clearly know what you are meant to be doing.

Outcomes, outputs, inputs and indicators

Outcomes are the real or visible effect of decision-making and practice, the results. They should relate to crude rates of adverse events in the population (these give the best indication of the size of a health/disease problem) or when qualitative relate to issues that are system wide. Outcomes are usually assessed after, and not before, a 5 year period. The Ministry of Health is an outcomes based institution. It is interested in the results of its work, is it successful or not?

Outputs are the direct qualitative or quantitative results of actions. They can be produced within a very short time frame. They are usually in the form of tangible products such as guidelines, manuals, workshops or policy papers or can be intangibles such as increased managerial competencies or changed behaviour.

Inputs are those things that are put in to something to help it work or succeed. For example, cold boxes to maintain vaccines at the right temperature, and technical assistance to help strengthen work on policy development.

Indicators are measures for checking on progress towards achieving outcomes and outputs. They can be quantitative and/or qualitative, have a time frame, and may

highlight geographical and/or target groups. Indicators should relate to those aspects of care or organisational/management issues, which staff can alter.

Process

A process is a series of actions or issues that produce a change or development. For example, the health policy process to develop the South Sudan Interim Policy 2006 – 2011 particularly considered the issues of context, stakeholders and content.

Programme and project

A programme in the Ministry of Health is ongoing comprehensive work on a specific subject e.g. the programme on human resource development.

A project is usually some form of assistance by an organisation outside the ministry, that addresses one or more specific elements identified as a priority by the ministry. A project can last for a few months or be up to, about 5 years.

Strategic options

Broad directions to be chosen based on analysis of what is feasible, have high potential to attain a goal and outcomes, and are within available resources.

Strategic thinking

The ability to differentiate between short and long term thinking and strike a balance between the two. This needs to be a continuous process; even when implementing a policy or strategy, future planning cannot be neglected. A good strategist looks at what is happening /being done now in the context of where they want to go, they react positively to problems, can inspire and motivate people, and communicate well.

Sector wide, Sector-wide approach (SWAp) and Sector-wide management (SWiM)

Sector wide means all institutions, organizations, and agencies, whether public, private, local or international, formal or informal, within the health sector.

Sector wide approach (SWAp) refers to formulating policy and managing all agencies and organisations, both public and private, with a common strategy and mutually

agreed management arrangements including the pooling of financial resources. A SWAp can be in any sector, Ghana and Uganda have adopted a SWAp in the health sector.

Cambodia has developed sector wide management (SwiM) as a step before a SWAp. This is in recognition that it needs to strengthen the management of the health system before it can have a SWAp, which requires i.e. very transparent accounting and other systems.

Work plans and plans

Plans and work plans are more pragmatic management tools to assist with the detail of implementation. A plan can be, for example, a yearly agenda of work that indicates all major activities ranked in order of priority, and tells us what is needed to achieve locally planned outputs and targets at each level of the health system. The sum total of the work should contribute to achieving the national level outputs and outcomes. When government and agency financial allocations are included a plan is sometimes renamed 'business plan'. When financial planning is possible covering a 2-3 year period a separate, additional document is often produced called a medium term expenditure framework.

A monthly work plan is a management tool that can help us work more effectively and efficiently in each health facility and department. It details the work to be done during the month and allocates time objectives and responsibilities. The results should be discussed at a staff meeting when the work plan for the next month is also agreed. Sometimes individuals make their own weekly work plans.

ANNEX 2. REVIEWED KEY DOCUMENTS OF THE MINISTRY OF HEALTH

MoH, 2005, *The Southern Sudan National Drug Policy*. Ministry of Health, Government of Southern Sudan

MoH, 2005, *Prevention & Treatment Guidelines for Primary Health Care Units*. Ministry of Health, Government of Southern Sudan

SoH, 2004, *Laying the grounds for the recovery of the health sector in a post conflict Southern Sudan*. Secretariat of Health, Sudan People's Liberation Movement

SoH, 2004, *Framework for Action in 2005 – 2006*. Secretariat of Health, Sudan People's Liberation Movement

SoH, 2001, *HIV/AIDS Policy and Control Strategies for the New Sudan*. Secretariat of Health, Sudan People's Liberation Movement

SoH, 1999, *Guidelines for the Implementation of the Health Policy of the New Sudan*. Secretariat of Health, Sudan People's Liberation Movement

SoH, 1998, *Health Policy of the New Sudan*. Secretariat of Health, Sudan People's Liberation Movement

SoH, 1994, *Health Policy for New Sudan*. Secretariat of Health, Sudan People's Liberation Movement